

**Summary of the Healthy Families Program (HFP) Participating Plans' 2003
Cultural and Linguistic (C&L) Services Report
For reports submitted for July 1, 2003-June 30, 2004 contract year**

As a recipient of federal funds, MRMIB is prohibited by the Civil Rights Act of 1964 from providing limited English proficient (LEP) persons with services that are limited in scope or lower in quality than those provided to English proficient individuals. This includes denying services or other benefits provided as part of health or human services programs. As recipients of federal financial assistance through the Healthy Families Program (HFP), all HFP participating health, dental and vision plans are obligated to comply with Title VI.

The HFP plan contracts specifically require plans to comply with Title VI. The contracts include specific provisions for culturally and linguistically appropriate services. These provisions delineate requirements related to the translation of written material and availability of interpreter services. (Please refer to attached Highlights of the HFP C&L Requirements). In addition, plans were required to conduct a Group Needs Assessment (GNA) by June 30, 2001 to identify the health risks, beliefs and practices of their HFP subscribers and develop a work plan to address the identified needs.

To effectively monitor the plans' compliance with these requirements, MRMIB requires each plan to submit an annual C&L Services Report by December 12 of each year. This reporting requirement is included as a part of the HFP model contract package requirements. The C&L Services Report includes information on the C&L appropriate services provided and proposed to be provided by the plans to meet the needs of limited English proficient HFP subscribers. The report addresses activities including but not limited to: providing access to culturally and linguistically appropriate providers, interpreter services, marketing materials, information packets, translated written materials, and referrals to community services programs. For the 2003 C&L Services Report, MRMIB expanded the C&L Services Report questionnaire to align the questionnaire with the C&L requirements in the plan contracts. A summary of the C&L services reports received from HFP participating plans in December, 2002 for the 2003/04 benefit year follows. The questions in the report are presented in bold text along with a summary of plan responses.

Linguistic Services

Question: Describe the plan's methodology for assigning members to culturally and linguistically appropriate providers.

Responses: All HFP participating plans requiring that subscribers have a primary care provider allow HFP subscribers to choose their provider. Each year, plans provide

members with a provider directory¹ which includes the language capabilities of provider offices. When members do not choose a primary care provider, plans assist subscribers in one of two ways:

- Assigning a member to a provider, taking into consideration subscriber's language needs and location of provider's office.
- Calling and assisting members with the process of choosing a provider who will meet their cultural and linguistic needs.

In plans where members are not assigned to a primary care provider, members may choose their own physicians from the plan's network of providers listed in the plan's Provider Directory, which lists the languages spoken at each provider office.

Question: Describe how the plan will make interpreter services available to members.

Responses: Plans use a number of methods to make interpreter services available to members. These methods include:

- The AT&T Language Line.
- Face-to-face interpreter services through qualified plan staff, provider staff or through contracted interpreter/translator services.
- Multilingual plan staff who are tested for bilingual and interpreting skills.
- Twenty-four hour interpreter services through a 24-hour advice nurse service.
- An enhanced provider network capable of providing language services on site.

Question: Describe how the plan identifies limited English proficient (LEP) subscribers and how the language needs of the subscribers are recorded in the subscriber's membership record.

Responses: Responses received were:

- Including information in the plan's member enrollment database on the member's language preference, as identified in data received from MRMIIB.
- Obtaining information on member's language preference during welcome calls made to members, and recording and storing the information in the membership database.
- Requiring providers, as a part of the provider credentialing process, to obtain new patient information from each member that includes information on the member's language preference and to document the information in the member's medical chart.
- Obtaining information on member's language preference during request for PCP changes based on language or cultural needs.

¹ The HFP website also provides information on the names, languages spoken and locations of primary care providers that are in the plan's network and is a source of information to subscribers when choosing their primary care provider. This information is updated quarterly.

- Recording the information obtained on member's language preference on the member's ID card.

Question: Describe how each LEP subscriber's designated provider is informed of the subscriber's language needs.

Responses: Responses received include:

- Providing the information in a monthly eligibility report that is sent to primary care physicians (PCPs).
- Providing information to providers through the plan's Member Services Department when providers request the information.
- Providing access to a secure website that has information on members that include members' language needs.
- Recording the information into the plan's main registration system and passing the information to the plan's information system.

Question: Describe the plan's policies and procedures for ensuring 24-hour access to interpreter services.

Responses: Responses received include:

- Providing access to a 24-hour advice nurse service.
- Providing interpreter services through the Telephone Language Line.
- Providing face-to-face interpreter services through multilingual staff, provider staff or through contracted interpreter/translator services.
- Providing C&L appropriate interpretation services through assistance provided by a community-based organization.

Question: Describe how the plan ensures appropriate bilingual proficiency at medical and non-medical points of contact.

Responses: Responses received include:

- Providing provider staff with consistent interpreter training by well trained professional medical interpreters.
- Surveying and periodically assessing the language proficiency of the plan's identified medical and non-medical staff who have patient contact.
- Recruiting, hiring, training and retaining qualified bilingual and multicultural staff.
- Providing face-to-face interpreter services or interpreter services by telephone encounters at medical and non-medical points of contacts, including pharmacy sites during service hours, and access through 24-hour advice nurse and language lines after hours.
- Conducting annual audits of provider sites to confirm ongoing threshold language capabilities.

Question: Describe how the plan ensures that members and providers are made aware of (a) the availability of free interpreter services at no charge through the plan, (b) the right of the subscriber to not use family members or friends as interpreters, (c) the subscriber's right to request for an interpreter during discussion of medical information, (d) the subscriber's right to receive written materials in the subscriber's primary language, and (e) the subscriber's right to file a complaint or grievance if they believe their linguistic needs are not met.

Responses:

The plans ensure that **members** are made aware of their rights through various methods, including:

- New member welcome packets
- New member orientation
- Member Handbook/EOC/Member Services Guide
- Quarterly member newsletter
- Health education classes and materials
- Plan website
- Informing members at provider sites or through translated signs posted at key points of contacts with members
- The Community Advisory Committee
- Grievance process materials
- Advice nurse line
- Member ID card which indicates the right to use interpreters

The plans ensure that **providers** are made aware of members' rights through the following activities:

- Including information on member's rights in provider contracts with the plan, in the plan provider manual, in the provider resource pocket guides, and in the plan website
- Including reminders to providers on member's rights in the monthly provider bulletin/newsletter, in special mailings to providers, at health network meetings with the plan, and at provider trainings
- Assessing provider's knowledge of member's rights by including questions on member's rights in the provider language surveys conducted by the plan
- Including a discussion on member's rights during plan orientation for new providers
- Having C&L policies and procedures that address member's rights

Question: Describe how the plan will ensure and monitor that requests or refusal of language interpreter services by members are documented in the medical records of plan providers.

Responses: Plan responses included:

- Requiring providers in their contracts with plans to document request or refusal of language interpreter services and including this requirement in the plan's policies and procedures.
- Monitoring provider's compliance to the requirement during the provider facility site review process conducted by the plan.
- Reminding providers of the need to document a request or refusal of interpreter services at provider trainings.

Question: Describe how the plan ensures that referrals to culturally and linguistically appropriate community services programs are made.

Responses: Responses received include:

- Maintaining and updating, as needed, a list of community services programs or resource guides that providers and staff can use to assist members in locating health education and community services.
- Working with and collaborating with community agencies, local health departments, CBOs and other community programs that promote and advocate health issues among certain ethnic groups.
- Employing staff responsible for linking and/or collaborating with community partners to ensure plan members are appropriately served when they need referrals and assistance.
- Assessing member's cultural and linguistic needs prior to referrals to community services.
- Maintaining a 24-hour advice nurse line, language line and/or a plan Customer Service Department which assists members who need referrals to C&L appropriate services.
- Maintaining policies and procedures that address referrals of members who request access to community resources, community services programs or community resource guide.

Question: Describe how the plan provides culturally and linguistically appropriate marketing and collateral materials.

Responses: Responses received include:

- Using qualified staff, committees (Community Advisory, C&L Task Force), and/or focus groups when developing marketing and collateral materials.

- Translating plan marketing and collateral materials into members' threshold languages and having these materials reviewed by qualified staff for reading level and cultural appropriateness.
- Using qualified translators to ensure that materials are translated accurately and are culturally appropriate to their membership.
- Using data gathered through demographic and cultural and linguistic profiles of their members to develop marketing and collateral materials that are culturally appropriate.
- Field-testing translated materials to obtain feedback on whether the messages are correctly understood before the materials are printed and distributed to members.
- At enrollment, allowing members to identify language preferences for member materials.

Question: Describe how members unable to read written materials that have been translated into non-English language have access to the contents of the written material.

Responses: Responses received include:

- Directing members to the plan's Customer Services representatives who will assist in providing a verbal explanation in the member's preferred language or will arrange for this service through a competent interpreter.
- Making available plans' member handbooks on audio cassette or CD for use by members who are unable to read written materials.
- Calling member shortly after enrollment and assisting member by translating written materials sent by plans when requested to do so.

Question: Describe how the plan ensures the quality of the translated material.

Responses: Responses received include:

- Following an extensive procedure for translating all vital member informing materials.
- Contracting with certified translation companies that follow a step-by-step translation process to ensure quality translation (i.e., the materials are translated correctly, are in a reading level between 4th and 6th grades, and are culturally and linguistically appropriate).
- Having an internal team (consisting of medical professionals, health educators, bilingual staff, C&L committee, plan executive management team or legal professional reviewer) that reviews translated materials.
- Using consistent methods of assessing, translating and reviewing written materials.
- Developing and sharing with contracted providers, plan staff, and with translation consultants, a customary glossary of medical and health education terms in English and plan threshold languages for use in their translation work.

- Reviewing and pre-testing translated materials through review by HFP subscribers, community ethnic advocacy groups, and members of the plan's advisory committee for input and recommendations on plan translated materials.
- Field-testing translated materials.
- Compiling members' perceptions from satisfaction surveys and focus groups.

Translation of Written Materials

Question: List those documents that the plan will make available to subscribers in non-English languages.

Responses: All HFP participating plans stated that they translate marketing and member materials into other languages.

Member materials that are translated into other languages by all HFP participating plans include:

- Evidence of Coverage (EOC)
- Welcome Letter
- Member Handbook
- Preventive Services Reminders
- Grievance/Complaints Process
- Newsletter
- Marketing Materials and Brochures

Other materials that are translated by one or more plans into other languages include:

- Provider Directory
- Member Satisfaction Survey
- Form Letters
- Health Education Materials
- Transportation Resource Guide
- 120 Day Health Assessment Notice
- "Choosing Your Doctor" Guide
- Committee Summaries
- Web Page
- Notices
- Preventive Services/Immunization Guidelines
- New Member Orientation Invitation
- ID Cards
- Enrollment Verification Letter and Response Form
- CCS Brochure

Cultural and Linguistic Group Needs Assessment

In 2001, each HFP participating plan was required to conduct a GNA to identify the health risks, beliefs and practices of its HFP subscribers. Plans used a variety of methods to gather information about their HFP subscribers. Some of these methods included obtaining information on health education and cultural and linguistic needs from community advisory committees, conducting focus groups and surveys of plan providers. Each HFP plan was also required to develop work plans in response to identified health education, cultural and linguistic needs. A large number of plans identified several activities that they would implement to address the needs identified in the GNA. Most of the activities included health education programs for subscribers, plan staff or network providers. Other types of activities targeted an aspect of a plan's infrastructure. These plans have either completed all or most of the activities and services proposed in the GNA during the 2001/02 benefit year.

The activities are generalized into four major categories which include: 1) education programs for subscribers; 2) provider training to increase their cultural competency skill; 3) activities involving members, plan providers, and the community in the development and the provision of culturally and linguistically appropriate health services; and 4) activities that target an aspect of a plan's infrastructure.

The following questions address the plans' progress in completing activities to support the GNA findings:

Question: Provide an update to the outline of activities and services the plan stated it would implement in the 2001/02 benefit year based on the findings of the Group Needs Assessment (GNA). What services and/or activities did your plan accomplish in the 2001/02 benefit year?

Response: Activities accomplished by plans include:

Culturally appropriate education programs for subscribers

- Translating materials identified as health education topics of interest to plan members in the GNA such as asthma, obesity and immunization into the plan's threshold language/s.
- Offering culturally appropriate health education and health management classes to HFP members such as an asthma camp, weight management classes and a basic nutrition education program.
- Developing a newsletter that addresses child/adolescent health issues.
- Developing and implementing an adolescent wellness examination incentive program.
- Educating members on the appropriate use of the health care system through brochures and published articles in the member newsletters related to managed care system and how to use it.

- Publishing member newsletter articles addressing the availability of free interpreter services.
- Mailing education topics in post card format to members.

Provider training

- Providing training to providers and their staff on cultural competency and the use of qualified interpreters that are available to providers through the plan.
- Offering continuing education training to providers on various topics including cultural competency and diversity.
- Encouraging plan provider networks to offer trainings and language proficiency testing of bilingual staff used as interpreters.
- Providing language trainings for providers on how to use key phrases and words in various languages when communicating with culturally diverse members.

Activities involving members, plan providers, and the community

- Providing cultural competency and interpreter services training for Community Advisory Committees, providers and plan staff.
- Partnering with a community college to develop a certification program for medical interpreters.
- Collaborating in grant-funded projects that targeted a specific community.
- Linking providers to existing resources in their service areas to assist them in providing culturally and linguistically competent services to members.
- Producing and making available to all providers' health education materials in threshold languages.
- Establishing effective strategies for partnering with community-based organizations and working together to investigate identified cultural barriers to patient care.

Activities that target an aspect of a plan's infrastructure

- Employing additional C&L staff to help accomplish C&L activities.
- Hiring staff designated to developing and maintaining plan's interpreter unit.
- Developing a cultural and linguistic toolkit for providers to assist them in accessing plan educational materials and linguistic services.
- Assessing the cultural and linguistic appropriateness of systems such as appeals, grievances, appointment and scheduling.

In the fall of 2003, MRMIB staff conducted a meeting with representatives of HFP participating plans to discuss the HFP C&L requirements. Several plans reported that they completed a more recent reassessment of their populations and had identified cultural and linguistic needs that were not identified in their 2001 GNA. As a result, some plans have moved past the GNA findings and have implemented, or are implementing, activities that were not in the GNA report submitted to MRMIB. Some of these new activities that plans have implemented or are implementing include

- Collaborating with school health partners and school districts to facilitate linkage with school health personnel who deal with teen-age health issues.
- Including network pharmacies in all education and distribution of interpreter services requirements and information.
- Implementing the Cultural and Linguistic Assistance Standards (CLAS) which were developed by the US Department of Health and Human Services Office of Minority Health.
- Revising policies and procedures pertinent to cultural and linguistic services.
- Collaborating with other health plans on cultural sensitivity training for providers.
- Developing and implementing a language assessment/proficiency testing for plan staff and plan providers/providers' staff who use a second language in the performance of their duties.
- Developing a website/intranet to serve as a tool for disseminating information related to cultural competency for plan employees and providers.
- Designating a mental health bilingual case manager to serve as an interpreter to contracted psychiatrist so access to mental health medication management services could be expanded for HFP members.
- Producing informing materials in languages other than the plan memberships' threshold language/s.
- Tracking and monitoring use of interpreter services by providers.
- Conducting annual cultural diversity training for staff and providers.
- Conducting language capability survey of plan providers.

Question: What services and/or activities outlined in the GNA and which were submitted in the 2001/02 C&L report have not been accomplished?

Responses: Some activities and/or services outlined in the GNA have not been accomplished by some plans. These include activities associated with education programs for subscribers such as conducting new member orientations to assist members in understanding managed care and how to navigate the healthcare system; including topics such as injury prevention, oral health, women health, nutrition, dental health and use of medication in plans' health education programs to members; assessing the cost and other requirements to produce member information materials other than the identified threshold language; and providing website information for members.

In addition, other activities that have not been accomplished include activities associated with training to increase provider cultural competency and activities that target an aspect of the plan's infrastructure. These activities include providing trainings and language proficiency testing for bilingual staff who are used as interpreters, re-educating providers and staff on the availability of free interpreter services, developing videos that could be used in training providers on cultural and linguistic competency, providing medical interpreter and cultural competency trainings, developing procedures to identify and capture member's primary language within current plan information

system, and using ethnic-specific data to select and design internal quality improvement projects and the interventions needed for the projects.

Based on follow-up discussions with MRMIB staff, plans have indicated that some of the reasons why they have not accomplished these activities are: C&L activities that were not accomplished by most plans will be implemented in the following benefit year; some plans have done recent reassessments of its subscriber's needs and have concluded that some C&L activities identified in the GNA are no longer a priority; some plan activities had not been fully implemented at the time that the C&L report was prepared and were therefore identified in the plan's report as activities that have not been accomplished for that benefit year; at the time the report was prepared, efforts to coordinate with other plan organizations to accomplish the activities were still underway; and cost assessments to implement the activities have not been completed by the plan.

Question: What additional or new services or activities is your plan proposing to implement in the 2002/03 benefit year to further address the GNA findings?

Responses: Some of the new activities that plans proposed to implement in 2002/03 benefit year include:

Education programs for subscribers

- Developing interventions that will address the needs of teens.
- Planning and implementing new disease management programs.
- Sending periodic letter to members to remind them of the availability of interpretive services through the plan.

Provider training to increase their cultural competency skills

- Expanding cultural competency training by including network pharmacies and staff in all education and distribution of interpreter services requirements and information.
- Providing more cultural and linguistic competency training to staff and providers.

Activity involving plan members, plan providers and the community

- Providing web-based translation of universal documents in multiple languages.

Activities that target an aspect of a plan's infrastructure

- Evaluating the successes of plan's current C&L services and developing new services as other needs are identified.
- Developing an internal C&L taskforce to assess the applicability and adoption of C&L health services as they pertain to the plan.
- Implementing the CLAS standards.

- Monitoring the effectiveness of education regarding the availability of interpretative services.
- Expanding cultural competency training to all staff. (Currently, trainings are offered to bilingual staff, staff with direct member contact and designated staff responsible for plan C&L activities only.)
- Adding information on member's spoken or preferred language in member's ID card.

Question: Describe how the plan provides an opportunity for representatives of subscribers enrolled in the Program to provide input in the development of health education programs in response to needs identified in the GNA.

Responses: Responses received include:

- Using various committees such as Community Advisory Committee (CAC), Member Advisory Committee (MAC), Public Policy Committee, Members Services Advisory Groups, Member Education Committee, Public Policy Participation Committee, Diversity Council, and Community Advisory Board (CAB) to provide valuable input on the GNA. These committees give advice to plans about the development and coordination of C&L activities, development of health education programs to members in response to needs identified in the GNA, provide linkages to the community on issues relating to plan members' care and/or have community agency representatives that work with plan members.
- Using surveys to get input from subscribers on preferred methods of learning.
- Partnering with county public health departments to learn about the county's concerns on the health needs of its population.
- Participating in different community based organization committees to hear about the organizations' concerns and obtain input from them.

Question: If a committee was used, how often do they meet?

Responses: According to plans, committees meet at various intervals including monthly, every other month, quarterly or semi-annually.

Operationalizing C&L Competency

Question: Describe the internal systems the plan has developed during the 2001/02 benefit year to meet its members' C&L needs. In your response, please indicate if any of the following were implemented:

Responses by internal systems linked in the contract:

Activities to establish and maintain a process to evaluate and determine the need for special initiatives related to cultural competency include:

- Conducting or getting involved in various studies to examine the health needs of plan members such as conducting ongoing C&L assessments to identify target areas.
- Meeting periodically to address and discuss the need for activities, services, programs and/or special initiatives relating to C&L competency.
- Evaluating results of plan's yearly surveys to identify subscribers' needs specific to cultural competency and to determine the need for special initiatives.
- Working with provider organizations and internal departments to develop appropriate materials, interventions and programs that facilitate C&L appropriate services for members.

Activities to develop recruitment and retention initiatives to establish organization-wide staffing reflective and/or responsive to the needs of the community include:

- Emphasizing bilingual and bicultural skills in the hiring process.
- Developing and implementing a system of job posting that incorporates posting and advertising open positions in a wide range of settings to attract a diverse pool of applicants.
- Monitoring geographic changes in plan service areas and using data for building a workforce that strives to be reflective of the community that the plan serves.
- Developing policy and procedures relating to plan's emphasis on C&L diversity on recruitment, retention and promotion.
- Offering a referral incentive program to encourage existing employees to recruit potential plan staff from within their ethnic groups to widen the reach of plan's recruitment efforts.

Activities to establish a special office or designated staff to coordinate and facilitate integration of cultural competency include

- Dedicating C&L staff /specialist responsible to plan, develop, implement and monitor C&L activities.
- Recruiting to fill C&L staff positions.

Activities to provide an array of communication tools to distribute information to staff relating to cultural competency include:

- Distributing C&L information through newsletters, all-staff meetings, management meetings, departmental meetings, training sessions, faxes, teleconferences, memoranda, and internal emails.
- Ongoing meetings by plan C&L group or committee staff which then provide information to the plan on the progress of plan's C&L activities.
- Conducting annual cultural awareness events.
- Providing training to the plan's customer services and call center staff on how to use the Language Line in order to improve communications between customer services, call center staff, and HFP members.

Activities to maintain an information system capable of identifying and profiling cultural and linguistic specific patient data include:

- Having an information system capable of recording and reporting the plan's HFP subscriber data and identifying and profiling HFP subscriber's race, ethnicity and primary language.
- Maintaining a system for patient data entry that can be used for special mailings and initiatives that target special populations.

Activities to evaluate the effectiveness of strategies and programs in improving the health status of culturally defined populations include:

- Tracking and trending correlations between C&L issues and grievance outcomes in plan's quality improvement program.
- Analyzing results of surveys such as CAHPS® (Consumer Assessment of Health Plan Survey) and provider, member and community surveys.
- Researching and identifying best practices in relation to strategies and programs to help improve the health status of culturally defined populations.
- Conducting a health education and C&L group needs assessment of its HFP members when needed.

Question: Describe the plan's policies and procedures for assessing the cultural competence of plan providers on a regular basis.

Responses: Responses received include:

- Conducting annual/periodic audits of providers' facilities including staff linguistic skills and access to translation services.
- Conducting an annual assessment of its health networks' C&L activities by asking them to complete and submit a C&L status report which the plan uses to assess each health networks' progress with the implementation of the C&L requirements and to identify areas of improvement.
- Monitoring health network members' complaints and grievances related to C&L services.
- Conducting a member satisfaction survey related to C&L services.
- Credentialing plan providers.

Question: Describe how your plan participates with government, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure that plan maintains current information and an outside perspective in its policies.

Responses: Responses received include:

- Participating in national and local C&L discussions, coalitions, collaborative efforts, conferences, workshops, meetings, etc., to inform and be informed on

policies, practices and knowledge relevant to C&L appropriate services in health care.

- Sponsoring/co-sponsoring C&L related conferences, workshops, meetings, seminars etc.

Question: Describe other activities the plan is engaged in to develop its internal systems.

Responses: Responses received include:

- Conducting organization-wide assessment of C&L-related activities and integrating C&L related measures into internal audits, performance improvement programs, patient satisfaction assessment and outcome-based evaluations.
- Implementing C&L appropriate health care beyond mere compliance but also extending its implementation to plan's business practices as part of a coherent and dynamic system.
- Developing appropriate written curriculum materials for C&L issues and increasing the number of C&L related training sessions for plan staff.
- Developing a procedure and related assessment tool for recruiting new and evaluating existing bilingual staff.
- Improving the procedure for contracting with translators and interpreters in order to meet industry standards and to provide members with quality translations.
- Developing systems for tracking member materials that are requested by LEP members in their threshold languages.
- Developing a system for tracking and trending monthly call center statistics by threshold language and call types, which may include PCP transfer request due to language barriers.
- Developing a system for tracking C&L-related member grievances and complaints.

Question: Describe what initial and continuing training on cultural competency is given to staff and providers.

Responses: Responses received include:

- Conducting annual cultural competency trainings on the plan's C&L program.
- Providing training opportunities through various formats such as presentations at department and management meetings, written information such as quarterly bulletins, individualized trainings, formal workshops, and online learning tool.
- Offering continuing medical education programs to providers to support and assist them in the delivery of culturally and linguistically sensitive services to plan members.
- Conducting periodic office visits to remind providers of services available to meet the C&L needs of plan members.
- Including education on C&L policies and procedures in the plan's new employee orientation.

- Encouraging plan staff and providers to participate in cultural awareness/competency training offered by plan, plan partners or other approved training organizations.
- Using informational displays to support ongoing awareness of various cultural groups, their contributions and distinction.
- Teaming up with cultural groups in sponsoring corporate-wide cultural awareness events that honor the cultural diversity of plan associates.
- Adding a module specific to C&L awareness and sensitivity in the plan's facility audit tool.

Question: How is the effectiveness of this training evaluated? Include feedback from subscriber survey, staff, providers, encounter/claims data.

Responses: Responses received include:

- Ongoing and periodic quality evaluation of their provider network.
- Using a post-training survey/evaluation tool to obtain feedback on the training provided by the plan.
- Evaluating annual member satisfaction survey data and collaborating in developing C&L interventions that may be indicated based on an analysis of member satisfaction data.
- Conducting an annual performance evaluation of its Customer Services staff on their efficacy in serving the LEP clients.

Question: Describe the policies and procedures used to evaluate C&L services and outcomes of C&L activities as part of your plan's original quality improvement effort.

Responses: Responses received include:

- Analyzing both quality and utilization data by race, ethnicity and language.
- Analyzing reports on 24-hour telephone interpreter services, nurse advice line utilization, health education services, and interpreter services and using information in the reports to track utilization of language interpretation services, employee recruitment, and assessment of frequently asked questions, and the members' top ten health topics.
- Utilizing provider satisfaction survey to determine if C&L provider workshops and trainings have been effective and to evaluate C&L services and outcomes of C&L activities.
- Utilizing member satisfaction surveys to gain insights on provider cultural competency and to evaluate C&L services and outcomes of C&L activities.
- Analyzing complaints and grievances reports related to C&L services to evaluate C&L services and outcomes of C&L activities.
- Analyzing disease management surveys and outcomes.
- Periodically monitoring providers through site reviews and medical record reviews.

- Evaluating and assessing the linguistic services provided at the provider's office during plan nurses site reviews for credentialing and re-credentialing of provider's office.